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operative of State	148 Providence, R	orations Division W. River Street hode Island 029 ne: (401) 222-30	904-2615	
imited Liability	Company			
nnual Report				
ling Period: Septen	nber 1 - November 1			
le its annual report v	R.I.G.L. 7-16-66(d), each limited l within thirty (30) days after the tir iect to a penalty fee of \$25.00.			to
ANNUAL REPORT	YEAR: <u>2008</u>			
1. ID No. <u>0000</u>	96260			
2. Exact Name of	the Limited Liability Company	y <u>CK Holdings,</u>	<u>LLC</u>	
3. State of Format	tion			
State: <u>RI</u>				
	n of the Character of the Busir	ness Which is A	ctually Conduct	ed in Rhode Island
4. Brief Description	HOLDING COMPANY	ness Which is A	ctually Conduct	ed in Rhode Island
4. Brief Description	HOLDING COMPANY	ness Which is A State: <u>RI</u>	ctually Conduct	ed in Rhode Island Country: <u>USA</u>
 Brief Description A TEMPORARY Frincipal Office No. and Street: City or Town: Mailing Address 	HOLDING COMPANY Address 400 SMITH STREET	State: <u>RI</u>	Zip: <u>02903</u>	Country: <u>USA</u>
 Brief Description A TEMPORARY Frincipal Office O. and Street: City or Town: Mailing Address Contact Name: Contact Name: C	HOLDING COMPANY Address <u>400 SMITH STREET</u> <u>PROVIDENCE</u> s of Limited Liability Company Intact Title: <u>400 SMITH STREET</u> <u>PROVIDENCE</u> ess of Each Manager of the Li	State: <u>RI</u> and Name or T State: <u>RI</u>	Zip: <u>02903</u> Fitle of Contact F Zip: <u>02908</u>	Country: <u>USA</u> Person: Country: <u>USA</u>
 Brief Description A TEMPORARY Temporal Office Principal Office O. and Street: City or Town: Mailing Address Contact Name: Contact Name:	HOLDING COMPANY Address <u>400 SMITH STREET</u> <u>PROVIDENCE</u> s of Limited Liability Company Intact Title: <u>400 SMITH STREET</u> <u>PROVIDENCE</u> ess of Each Manager of the Li	State: <u>RI</u> v and Name or T State: <u>RI</u> imited Liability	Zip: <u>02903</u> Fitle of Contact F Zip: <u>02908</u> Company, if App	Country: <u>USA</u> Person: Country: <u>USA</u>
 4. Brief Description A TEMPORARY 5. Principal Office 5. Principal Office 5. Principal Office 7. Mailing Address Contact Name: Contact N	HOLDING COMPANY Address 400 SMITH STREET PROVIDENCE s of Limited Liability Company intact Title: 400 SMITH STREET PROVIDENCE ess of Each Manager of the Liability EMBERS Individual Nam First, Middle, Last, Su	State: <u>RI</u> and Name or T State: <u>RI</u> imited Liability	Zip: <u>02903</u> Fitle of Contact F Zip: <u>02908</u> Company, if App Ade	Country: <u>USA</u> Person: Country: <u>USA</u> plicable.
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KAMBIZ KARBASSI 400 SMITH STREET PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 4 Day of September, 2008 at 1:22:42 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KAMBIZ KARBASSI

Signature of Authorized Person

Form No. 632 Revised 09/07

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